

## Exhibit 60

IN THE UNITED STATES DISTRICT COURT  
FOR THE NORTHERN DISTRICT OF GEORGIA

JACKSON NATIONAL LIFE  
INSURANCE COMPANY,

Plaintiff,

v.

Case No.: 1:17-cv-03857-SCJ

STERLING CRUM,

Defendant.

CERTIFICATION OF RECORDS AUTHENTICITY

I, Thomas G. Pye, as Registered Agent and on behalf of Associates Trust, Inc., hereby  
certify, depose and say that the attached records constitute all the records as requested in the  
Subpoena issued by Laura M. Zulick, Esquire in connection with this matter.

Date:

(SIGNATURE)

(PRINT NAME)

LEGAL38578534\1

PLAINTIFF'S  
EXHIBIT

P-25

#1



[Department of State](#) / [Division of Corporations](#) / [Search Records](#) / [Detail By Document Number](#) /

## Detail by Entity Name

Florida Profit Corporation

ASSOCIATES TRUST, INCORPORATED

### Filing Information

**Document Number** P97000101527  
**FEI/EIN Number** [REDACTED]  
**Date Filed** 12/01/1997  
**State** FL  
**Status** INACTIVE  
**Last Event** ADMIN DISSOLUTION FOR  
ANNUAL REPORT  
**Event Date Filed** 09/25/2009  
**Event Effective Date** NONE

### Principal Address

2625 NE 14TH AVE UNIT 504  
WILTON MANORS, FL 33334

Changed: 04/29/2008

### Mailing Address

2525 TURTLE CREEK BLVD, APT 522  
DALLAS, TX 75219

Changed: 12/12/2008

### Registered Agent Name & Address

PYE, THOMAS G  
408 W. UNIVERSITY AVE.  
SUITE 108-B  
GAINESVILLE, FL 32601

Address Changed: 10/28/2002

### Officer/Director Detail

#### **Name & Address**

Title PST

THOMAS, KEITH M  
2525 NE 14TH AVE, #504  
FORT LAUDERDALE, FL 33334

**Annual Reports**

Report Year	Filed Date
2006	04/28/2006
2007	04/10/2007
2008	04/29/2008

**Document Images**

<a href="#">04/29/2008 -- ANNUAL REPORT</a>	View image in PDF format
<a href="#">04/10/2007 -- ANNUAL REPORT</a>	View image in PDF format
<a href="#">04/28/2006 -- ANNUAL REPORT</a>	View image in PDF format
<a href="#">04/26/2005 -- ANNUAL REPORT</a>	View image in PDF format
<a href="#">04/09/2004 -- ANNUAL REPORT</a>	View image in PDF format
<a href="#">02/17/2003 -- ANNUAL REPORT</a>	View image in PDF format
<a href="#">10/28/2002 -- REINSTATEMENT</a>	View image in PDF format
<a href="#">04/02/2001 -- ANNUAL REPORT</a>	View image in PDF format
<a href="#">05/19/2000 -- ANNUAL REPORT</a>	View image in PDF format
<a href="#">06/22/1999 -- Amendment</a>	View image in PDF format
<a href="#">02/16/1999 -- ANNUAL REPORT</a>	View image in PDF format
<a href="#">08/06/1998 -- ANNUAL REPORT</a>	View image in PDF format
<a href="#">03/30/1998 -- Amendment and Name Change</a>	View image in PDF format
<a href="#">12/01/1997 -- Domestic Profit</a>	View image in PDF format

Florida Department of State, Division of Corporations

#2

FILED

97 DEC -1 PM 3:55

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## ARTICLES OF INCORPORATION OF ASSOCIATES TRUST, INC.

The undersigned subscriber to these Articles of Incorporation is a natural person competent to contract and hereby form a corporation under Chapter 607 of the Florida Statutes.

### ARTICLE 1- NAME

The name of the Corporation is Associates Trust, Inc., hereafter referred to as "Corporation".

### ARTICLE 2 - PURPOSE OF BUSINESS

The purpose of this Corporation is to engage in and transact any and all legal activities or businesses permitted under the laws of the United States, the State of Florida, or any other state, county, territory or nation.

### ARTICLE 3 - PRINCIPAL OFFICE

The address of the principal office of this corporation is 3471 N. Federal Highway Suite 506, Ft. Lauderdale, Florida 33306 and the mailing address is the same.

### ARTICLE 4 - INCORPORATOR

The name and the street address of the incorporator of this corporation is:  
Thomas G. Pye, Esq.  
2787 E. Oakland Park Blvd. Suite 301  
Ft. Lauderdale, Florida 33018

### ARTICLE 5 - OFFICERS

The officers of this Corporation shall be:

President:	Dennis Ahern
Secretary:	Dennis Ahern
Treasurer:	Dennis Ahern

whose address shall be the same as the principal address of the Corporation.

#### ARTICLE 6 - DIRECTOR

The Director of the Corporation shall be:  
Dennis Ahern  
whose address shall be the same as the principal office of the Corporation.

#### ARTICLE 7 - CORPORATE CAPITALIZATION

The maximum number of shares of stock this corporation is authorized to have outstanding at any time is one thousand (1000) shares of common stock, each share having the par value of ONE DOLLAR (\$1.00).

#### ARTICLE 8 - POWERS OF CORPORATION

The Corporation shall have the same powers as an individual to do all things necessary or convenient to carry out its business and affairs, subject to any limitations or restrictions imposed by applicable law or these Articles of Incorporation.

#### ARTICLE 9 - TERM OF EXISTENCE

This Corporation shall have perpetual existence.

#### ARTICLE 10 - REGISTERED OWNER

The Corporation, to the extent permitted by law, shall be entitled to treat the person in whose name any share or right is registered on their books of the Corporation as the owner thereto, for all purposes, and except as may be agreed in writing by the Corporation, the Corporation shall not be bound to recognize any equitable or other claim to, or interest in, such share or right on the part of any other person, whether or not the Corporation shall have notice thereof.

#### ARTICLE 11 - REGISTERED OFFICE AND REGISTERED AGENT

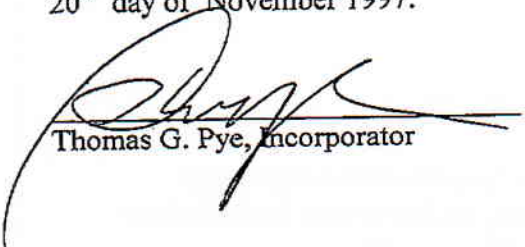
The initial address of the registered office of this Corporation is:  
Thomas G. Pye, Esq.  
2787 E. Oakland Park Blvd. Suite 301  
Ft. Lauderdale, Florida 33018

The name of the registered agent of this Corporation at that address is Thomas G. Pye.

ARTICLE 12 - EFFECTIVE DATE

These Articles of Incorporation shall be effective immediately upon approval of the Secretary of State, State of Florida.

IN WITNESS WHEREOF, I have hereunto set my hand and seal, acknowledged and filed the forgoing Articles of Incorporation under the laws of the State of Florida this 20<sup>th</sup> day of November 1997.

  
Thomas G. Pye, Incorporator

ACCEPTANCE OF REGISTERED AGENT DESIGNATED  
IN ARTICLES OF INCORPORATION

Thomas G. Pye, having a business office identical with the registered office of the corporation named above, and having been designated as the Registered Agent in the above and forgoing Articles of Incorporation, is familiar with and accepts the obligations of the position of Registered Agent under the applicable provisions of the Florida Statutes.

by   
Thomas G. Pye

FILED  
97 DEC -1 PM 3:55  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

P97000101527

#3

**THE PYE LAW FIRM**

*A Professional Association*

2787 East Oakland Park Boulevard  
Suite 301

Fort Lauderdale, Florida 33306

Broward: 954.561.2100

Facsimile: 954.561.8190

Boca Raton: 561.750.7629

Internet Home Page: <http://www.icanect.net/pyelaw>

Email Address: [pyelaw@icanect.net](mailto:pyelaw@icanect.net)

**THOMAS G. PYE**  
Attorney at Law

**OFFICES:**

Fort Lauderdale

Boca Raton March 22, 1998

Division of Corporations  
409 East Gaines Street  
Tallahassee, FL 32301

Dear Sir:

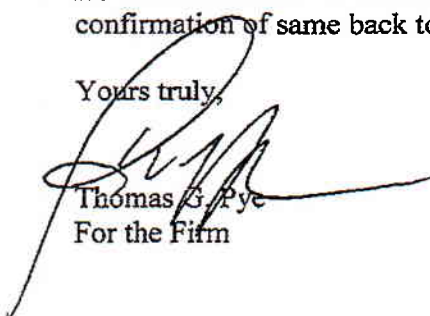
Please find enclosed:

**Amendment** to the Articles of Incorporation for the following business:

Associates Trust, Inc.

As well as a check in the amount of \$ 35.00 Please file this amendment and forward confirmation of same back to my attention at the above address.

Yours truly,

  
Thomas G. Pye  
For the Firm

600002472706--1  
-03/30/98-01132-013  
\*\*\*\*\*35.00 \*\*\*\*\*35.00

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
98 MAR 30 PM 12:43

Amend - N.C.  
4-2-98  
CC



**ARTICLES OF AMENDMENT**  
**TO**  
**ARTICLES OF INCORPORATION**  
**OF**  
**ASSOCIATES TRUST, INC.**

Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida profit corporation adopts the following articles of amendment to its articles of incorporation:

**FIRST:**            Amendments adopted:

*ARTICLE 1- NAME*

The name of the corporation is changed to ASSOCIATES TRUST, INCORPORATED.

*ARTICLE 5 - OFFICERS*

The officers of the corporation are changed to be President, Secretary, Treasurer as CRAIG CUTCLIFF, at the same address as the corporation.

*ARTICLE 6 - DIRECTOR*

The Director of the corporation is changed to be CRAIG CUTCLIFF, at the address of the corporation.

**SECOND:**    Date of each amendments adoption is March 18<sup>th</sup>, 1998.

**THIRD:**        Adoption of Amendments

The amendments were adopted by the incorporator without shareholder action and shareholder action was not required.

Signed this 18<sup>th</sup> day of March, 1998.

  
Thomas G. Pye, as incorporator

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
98 MAR 30 PM 12:43

#4

**THE  
PYE LAW FIRM**  
*A Professional Association*  
2787 East Oakland Park Boulevard  
Suite 301  
Fort Lauderdale, Florida 33306

P97000101527

THOMAS G. PYE  
Attorney at Law

Telephone: 954.561.2100  
Facsimile: 954.561.8190

Email: tom@pyelaw.com  
www.pyelaw.com

June 16, 1999

Division of Corporations  
409 East Gaines Street  
Tallahassee, FL 32301

600002912436-3  
-06/22/99-01066-001  
\*\*\*\*\*35.00 \*\*\*\*\*35.00

Dear Sir:

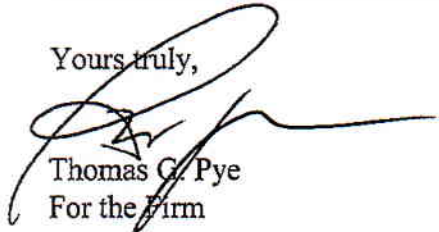
Please find enclosed:

Amendment to the Articles of Incorporation for the following business:

Associates Trust, Incorporated

As well as a check in the amount of \$ 35.00 Please file this amendment and forward confirmation of same back to my attention at the above address.

Yours truly,

  
Thomas G. Pye  
For the Firm

Amend  
6-25-99  
GAS

**FILED**  
99 JUN 22 AM 11:08  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

May-25-99 12:06P

954 561 8190

P.02

**ARTICLES OF AMENDMENT**  
**TO**  
**ARTICLES OF INCORPORATION**  
**OF**  
**ASSOCIATES TRUST, INCORPORATED**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

99 JUN 22 AM 11:08

FILED

Pursuant to the provisions of section 607.1006, Florida Statutes, ASSOCIATES TRUST, INCORPORATED, a Florida profit corporation adopts the following articles of amendment to its articles of incorporation:

**FIRST:**                    **Amendments adopted:**

***ARTICLE 5 - OFFICERS***

The officers of the corporation are changed to be President, Secretary, Treasurer as Keith M. Thomas, at : 445 NW 32<sup>nd</sup> Court., Oakland Park, Florida 33309

***ARTICLE 6 - DIRECTOR***

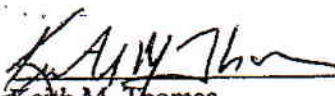
The Director of the corporation is changed to be Keith M. Thomas, at the address of the corporation.

**SECOND:**    Date of each amendments adoption is May 25, 1999

**THIRD:**            **Adoption of Amendments**

The amendments were adopted in accordance with the By-Laws and Articles of the corporation by the director and shareholder of the corporation

Signed this May 25, 1999



Keith M. Thomas  
President  
Director  
Shareholder

May-25-99 01:04P

954 561 8190

--P.07

**RESOLUTION OF BOARD OF DIRECTORS  
AND SHAREHOLDERS OF  
ASSOCIATES TRUST, INCORPORATED**

WHEREAS, the Shareholders and Board of Associates Trust, Incorporated (hereinafter the company or the corporation) held a meeting; and

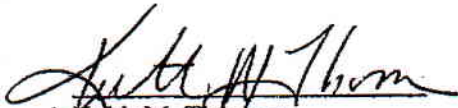
WHEREAS, James Craig Cutcliff was removed from the Board and as President and CEO of Associates Trust, Incorporated; and

WHEREAS, James Craig Cutcliff was responsible for the day to day operations of Associates Trust, Incorporated, and

WHEREAS, the company is desirous to officially and authoritatively appoint a successor to his position

IT IS NOW, THEREFORE, resolved that Keith M. Thomas shall:

1. Be President of Associates Trust, Incorporated .
2. Act as CEO of Associates Trust, Incorporated.
3. Manage and direct the day to day operations of Associates Trust, Incorporated.
4. Negotiate and enter into binding deals and contracts, as well as perform any and all duties associated with the licensing of the company with the proper licensing authorities for Associates Trust, Incorporated

  
Keith M. Thomas  
Sole Shareholder  
Board Member  
Meeting Secretary

Dated: May 25, 1999

I certify that a true and correct copy of the minutes of the meeting adopting the forgoing resolution is attached hereto and made a part hereof, by the of Associates Trust, Incorporated, this first day of May 25, 1999.

  
Keith M. Thomas  
Sole Shareholder  
Board Member  
Meeting Secretary

#5

0007800

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.**  
**AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).**

**PROFIT  
CORPORATION  
ANNUAL REPORT  
1998**



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Morham**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # P97000101527 (4)**

1. Corporation Name  
**ASSOCIATES TRUST, INCORPORATED**



Principal Place of Business

**3471 N. FEDERAL HWY., STE. 506  
 FT. LAUDERDALE FL 33306**

Mailing Address

**3471 N. FEDERAL HWY., STE. 506  
 FT. LAUDERDALE FL 33306**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**12/01/1997**

4. FEI Number

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Election Campaign Financing  
 Trust Fund Contribution ☐

**\$5.00** May Be  
 Added to Fees

8. This corporation owes or has paid the current year Intangible  
 Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

2a. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

9. Name and Address of Current Registered Agent

**PYE. THOMAS G**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL**

85 Zip Code

11. Pursuant to the provisions of sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **DPST** ☐ DELETE

NAME **CUTCLIFF, CRAIG**

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address

CR2E034 (5/98)

Pye 000014



FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P97000101527

1. Corporation Name

ASSOCIATES TRUST, INCORPORATED

Principal Place of Business

3471 N. FEDERAL HWY., STE. 506  
FT. LAUDERDALE FL 33306

Mailing Address

3471 N. FEDERAL HWY., STE. 506  
FT. LAUDERDALE FL 33306

**FILED**  
**Feb 16, 1999 8:00 am**  
**Secretary of State**

02-16-1999 90050 017 \*\*\*150.00

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/01/1997

4. FEI Number

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year intangible  
Personal Property Tax. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

PYE, THOMAS G

301

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	DPST	<input type="checkbox"/> DELETE
NAME	CUTCLIFF, CRAIG	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [Signature] REQUIRED

Pye 000015

**2000 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # P97000101527**

1. Entity Name

**ASSOCIATES TRUST, INCORPORATED****FILED**  
**May 19, 2000 8:00 am**  
**Secretary of State**

05-19-2000 90758 001 \*\*\*450.00

Principal Place of Business

Mailing Address

**3471 N. FEDERAL HWY., STE. 506**  
**FT. LAUDERDALE FL 33306****3471 N. FEDERAL HWY., STE. 506**  
**FT. LAUDERDALE FL 33306-1051**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

Applied For

Not Applicable

5. Certificate of Status Desired

☐**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PYE, THOMAS G**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**10. Election Campaign Financing  
Trust Fund Contribution. ☐**\$5.00** May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST THOMAS, KEITH M <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/00

Date

854-865-6455

Daytime Phone #

Pye 000016



**2001 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P97000101527

Entity Name

ASSOCIATES TRUST, INCORPORATED

**FILED**  
**Apr 02, 2001 8:00 am**  
**Secretary of State**

04-02-2001 90081 041 \*\*\*150.00

Principal Place of Business

N. FEDERAL HWY., STE. 506  
LAUDERDALE FL 33306

Mailing Address

3471 N. FEDERAL HWY., STE. 506  
FT. LAUDERDALE FL 33306

Principal Place of Business

3585 Sehera Springs Blvd  
Suite, Apt. #, etc.

3. Mailing Address

3585 Sehera Springs Blvd  
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City &amp; State

Pompano Beach, Florida

Zip

33069

Country

USA

City &amp; State

Pompano Beach, Florida

Zip

33069

Country

USA

4. FEI Number

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

PYE, THOMAS G

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

NATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back)☐

FILE NOW!!! FEE IS \$150.00

After MAY 1, 2001 Fee will be \$250.00

Make Check Payable to Department of State

10. Election Campaign Financing  
Trust Fund Contribution.☐\$5.00 May Be  
Added to Fees

OFFICERS AND DIRECTORS

12.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

11. OFFICERS AND DIRECTORS	12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
DPST THOMAS. KEITH M <input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	TITLE NAME STREET ADDRESS CITY-STATE-ZIP
<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	TITLE NAME STREET ADDRESS CITY-STATE-ZIP
<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	TITLE NAME STREET ADDRESS CITY-STATE-ZIP
<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	TITLE NAME STREET ADDRESS CITY-STATE-ZIP
<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	TITLE NAME STREET ADDRESS CITY-STATE-ZIP
<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	TITLE NAME STREET ADDRESS CITY-STATE-ZIP

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Pye 000017



OCT 14 2002 12:56PM THE PYE LAW FIRM

352 381 9726

p.1

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION  
REINSTATEMENTFLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

02 OCT 28 PM 5:20

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P970000101527

1. Corporation Name

Associates Trust  
Incorporated

2. Principal Office Address

633 NW 24 St

3. Mailing Office Address

633 NW 24 St

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

Wilton Manors, FL

City &amp; State

Wilton Manors, FL

Zip

33311

Country

US

Zip

33311

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

12 01 97

5. FEI Number

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐\$8.75 Additional Fee required  
for a Certificate of Status

## 7. Name and Address of Current Registered Agent

Thomas G. Pye  
Pye Law Firm  
408 W University Ave  
Suite 108B  
Gainesville, Florida 32601State  
FL

Zip Code

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of  
Registered Agent

REGISTERED AGENT MUST SIGN

Date Oct. 22, 2002

CR2E081 (8/01)

## 9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
President	Keith M. Thomas		
Treasurer	Keith M. Thomas		
Secretary	Keith M. Thomas		

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: Keith M. Thomas 10/14/02 954-647-6303

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Pye 000018

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 17, 2003 8:00 am**  
**Secretary of State**

02-17-2003 90163 044 \*\*\*150.00

DOCUMENT # P97000101527

Entity Name

SSOCIATES TRUST, INCORPORATED



Principal Place of Business

33 N.W. 24 STREET  
WILTON MANORS FL 33311

Mailing Address

633 N.W. 24 STREET  
WILTON MANORS FL 33311

Principal Place of Business

Suite, Apt. #, etc.

City &amp; State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City &amp; State

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

PYE, THOMAS G  
408 W. UNIVERSITY AVE.  
SUITE 108-B  
GAINESVILLE FL 32601

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution.☐ \$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

PST  
THOMAS, KEITH M

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with a power like empowered.

SIGNATURE

SIGNATURE REQUIRED

2/14/02 9546476303

Pye 000019

CR2E034 (10/02)

## **2004 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P97000101527

**FILED**  
**Apr 09, 2004**  
**Secretary of State**

**Entity Name:** ASSOCIATES TRUST, INCORPORATED

**Current Principal Place of Business:**

633 N.W. 24 STREET  
WILTON MANORS, FL 33311

**New Principal Place of Business:**

**Current Mailing Address:**

633 N.W. 24 STREET  
WILTON MANORS, FL 33311

**New Mailing Address:**

**FEI Number:** 65-0807186

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

PYE, THOMAS G  
408 W. UNIVERSITY AVE.  
SUITE 108-B  
GAINESVILLE, FL 32601 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

**Title:** PST ( ) Delete  
**Name:** THOMAS KEITH M  
**Address:** [REDACTED]  
**City-St-Zip:** [REDACTED]

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

**Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:**

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** KEITH THOMAS

PST

04/09/2004

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date

Pye 000020



## **2005 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P97000101527

**FILED**  
**Apr 26, 2005**  
**Secretary of State**

**Entity Name:** ASSOCIATES TRUST, INCORPORATED

**Current Principal Place of Business:**

633 N.W. 24 STREET  
WILTON MANORS, FL 33311

**New Principal Place of Business:**

2408 NW 6TH TERRACE  
WILTON MANORS, FL 33311

**Current Mailing Address:**

633 N.W. 24 STREET  
WILTON MANORS, FL 33311

**New Mailing Address:**

2408 NW 6TH TERRACE  
WILTON MANORS, FL 33311

**FEI Number:** 65-0807186

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

PYE, THOMAS G  
408 W. UNIVERSITY AVE.  
SUITE 108-B  
GAINESVILLE, FL 32601 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

**Title:** PST ( ) Delete  
**Name:** THOMAS, KEITH M  
**Address:** 633 N.W. 24 STREET  
**City-St-Zip:** WILTON MANORS, FL 33311

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

**Title:** PST (X) Change ( ) Addition  
**Name:** THOMAS, KEITH M  
**Address:** 2408 NW 6TH TERRACE  
**City-St-Zip:** WILTON MANORS, FL 33311

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** KEITH THOMAS

PST

04/26/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date

Pye 000021

## **2006 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P97000101527

**FILED**  
**Apr 28, 2006**  
**Secretary of State**

**Entity Name:** ASSOCIATES TRUST, INCORPORATED

**Current Principal Place of Business:**

2408 NW 6TH TERRACE  
WILTON MANORS, FL 33311

**New Principal Place of Business:**

3874 SHERIDAN STREET  
HOLLYWOOD, FL 33021

**Current Mailing Address:**

2408 NW 6TH TERRACE  
WILTON MANORS, FL 33311

**New Mailing Address:**

3874 SHERIDAN STREET  
HOLLYWOOD, FL 33021

**FEI Number:** 65-0807186

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

PYE, THOMAS G  
408 W. UNIVERSITY AVE.  
SUITE 108-B  
GAINESVILLE, FL 32601 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

**Title:** PST ( ) Delete  
**Name:** THOMAS, KEITH M  
**Address:** 2408 NW 6TH TERRACE  
**City-St-Zip:** WILTON MANORS, FL 33311

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

**Title:** PST (X) Change ( ) Addition  
**Name:** THOMAS, KEITH M  
**Address:** 3874 SHERIDAN STREET  
**City-St-Zip:** HOLLYWOOD, FL 33021

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** KEITH THOMAS

**PRES**

**04/28/2006**

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date

Pye 000022

**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P97000101527

**FILED**  
**Apr 10, 2007**  
**Secretary of State****Entity Name:** ASSOCIATES TRUST, INCORPORATED**Current Principal Place of Business:**3874 SHERIDAN STREET  
HOLLYWOOD, FL 33021**New Principal Place of Business:**600 W. LAS OLAS BLVD  
1308  
FORT LAUDERDALE, FL 33312**Current Mailing Address:**3874 SHERIDAN STREET  
HOLLYWOOD, FL 33021**New Mailing Address:**600 W. LAS OLAS BLVD  
1308  
FORT LAUDERDALE, FL 33312**FEI Number:** 65-0807186**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**PYE, THOMAS G  
408 W. UNIVERSITY AVE.  
SUITE 108-B  
GAINESVILLE, FL 32601 US**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

**SIGNATURE:**\_\_\_\_\_  
Electronic Signature of Registered Agent\_\_\_\_\_  
Date**Election Campaign Financing Trust Fund Contribution ( ).****OFFICERS AND DIRECTORS:****Title:** PST ( ) Delete  
**Name:** THOMAS, KEITH M  
**Address:** 3874 SHERIDAN STREET  
**City-St-Zip:** HOLLYWOOD, FL 33021**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** PST (X) Change ( ) Addition  
**Name:** THOMAS, KEITH M  
**Address:** 600 W. LAS OLAS BLVD  
**City-St-Zip:** FORT LAUDERDALE, FL 33312

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** KEITH M. THOMAS

PST

04/10/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director\_\_\_\_\_  
Date

Pye 000023

## **2008 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P97000101527

**FILED**  
**Apr 29, 2008**  
**Secretary of State**

**Entity Name:** ASSOCIATES TRUST, INCORPORATED

**Current Principal Place of Business:**

2625 NE 14TH AVE UNIT 504  
WILTON MANORS, FL 33309

**New Principal Place of Business:**

2625 NE 14TH AVE UNIT 504  
WILTON MANORS, FL 33334

**Current Mailing Address:**

2625 NE 14TH AVE UNIT 504  
WILTON MANORS, FL 33309

**New Mailing Address:**

2625 NE 14TH AVE UNIT 504  
WILTON MANORS, FL 33334

**FEI Number:** 65-0807186

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

PYE, THOMAS G  
408 W. UNIVERSITY AVE.  
SUITE 108-B  
GAINESVILLE, FL 32601 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

**Title:** PST ( ) Delete  
**Name:** THOMAS, KEITH M  
**Address:** 600 W. LAS OLAS BLVD  
**City-St-Zip:** FORT LAUDERDALE, FL 33312

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

**Title:** PST (X) Change ( ) Addition  
**Name:** THOMAS, KEITH M  
**Address:** 2525 NE 14TH AVE, #504  
**City-St-Zip:** FORT LAUDERDALE, FL 33334

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** KEITH M. THOMAS

MR.

04/29/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date

Pye 000024